HOSPITAL SERVICE DISTRICT NO. 1

(Abrom Kaplan Memorial Hospital)
Parish of Vermilion, State of Louisiana
Kaplan, Louisiana

Financial Report

Years Ended September 30, 2013 and 2012

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INDEPENDENT AUDITOR'S REPORT

Board of Commissioners Hospital Service District No. 1 Parish of Vermilion, State of Louisiana Kaplan, Louisiana

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We have audited the accompanying financial statements of the Hospital Service District No. 1, Parish of Vermilion, State of Louisiana, Abrom Kaplan Memorial Hospital (the Hospital), as a component unit of the Vermilion Parish Police Jury, as of and for the years ended September 30, 2013 and 2012, and the related notes to the financial statements, which collectively comprise the Hospital's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express opinions on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control.

Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Opinions

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Hospital Service District No. 1, Parish of Vermilion, State of Louisiana, Abrom Kaplan Memorial Hospital, as of September 30, 2013 and 2012, and the respective changes in financial position and, cash flows for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis on pages 4-7 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Information

Our audits were conducted for the purpose of forming an opinion on the financial statements that collectively comprise the Hospital Service District No. 1, Parish of Vermilion, State of Louisiana's financial statements as a whole. The accompanying information on pages 26 through 33 is presented for purposes of additional analysis and is not a required part of the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

In accordance with Government Auditing Standards, we have also issued a report dated March 19, 2014, on our consideration of the Hospital's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of the report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards and should be considered in assessing the results of our audit.

Darnall, Sikes, Gardes & Frederick

A Corporation of Certified Public Accountants

Eunice, Louisiana March 19, 2014

MANAGEMENT'S DISCUSSION AND ANALYSIS

This section of Hospital's annual financial report presents our discussion and analysis of the Hospital's financial performance during the fiscal year that ended on September 30, 2013. Please read it in conjunction with the Hospital's financial statements, which follow this section.

FINANCIAL HIGHLIGHTS

- The Hospital's total assets increased \$2.5 million during the course of this year's operations.
- During the year, the Hospital's operating revenues and non-operating income of \$14.4 million exceeded operating expenses of \$12 million.
- The Hospital had income from operations of \$.7 million during 2013 compared to \$17,000 during 2012.
- The Hospital has net position of \$27.9 million as of September 30, 2013, an increase of \$2.4 million or 9% from the previous year.

USING THIS ANNUAL REPORT

The Hospital's basic financial statements consist of three statements – a statement of Net Position; a statement of Revenues, Expenses, and Changes in Net Position; and a statement of Cash Flows. These financial statements and related notes provide information about the activities of the Hospital.

The Statement of Net Position and Statement of Revenues, Expenses, and Changes in Net Position

Our analysis of the Hospital's finances begins on page 5. One of the most important questions asked about the Hospital's finances is, "Is the Hospital as a whole better or worse off as a result of the year's activities?" The Statement of Net Position and the Statement of Revenues, Expenses, and Changes in Net Position report information about the Hospital's resources and its activities in a way that helps answer this question. These statements include all restricted and unrestricted assets and all liabilities using the accrual basis of accounting. All of the current year's revenues and expenses are taken into account regardless of when cash is received or paid.

These two statements report the Hospital's net position as of the fiscal year end and changes in net position for the entire fiscal year. You can think of the Hospital's net position – the difference between assets and liabilities – as one way to measure the Hospital's financial health, or financial position. Over time, increases or decreases in the Hospital's net position are one indicator of whether its financial health is improving or deteriorating. You will need to consider other nonfinancial factors, however, such as changes in the Hospital's patient base and measures of the quality of service it provides to the community, as well as local economic factors to assess the overall health of the Hospital.

MANAGEMENT'S DISCUSSION AND ANALYSIS (Continued)

The Statement of Cash Flows

The final required statement is the Statement of Cash Flows. The statement reports cash receipts, cash payments, and net changes in cash resulting from operations, investing, and financing activities. It provides answers to such questions as "Where did cash come from?", "What was cash used for?" and "What was the change in cash balance during the reporting period?"

FINANCIAL ANALYSIS OF THE HOSPITAL AS A WHOLE

Net position. The Hospital's net position increased between fiscal years 2013 and 2012 by \$2.4 million.

Hospital's Net Position (in Thousands)

	2013	2012
Current and other assets Capital assets Total assets	$\begin{array}{r} \$ & 27,203 \\ & 1,357 \\ \hline & 28,560 \end{array}$	\$ 24,442 1,593 26,035
Current liabilities Total liabilities	459 459	531 531
Net position Invested in capital assets net of related debt Unrestricted Total net position	$ \begin{array}{r} 1,357 \\ \underline{26,501} \\ \$ \underline{27,858} \end{array} $	1,583 23,921 \$ 25,504

Net position from the Hospital's activities increased 10.18 percent to approximately \$28.1 million. A significant component of the change in the Hospital's net position is the increase in cash, certificates of deposit, and investment securities of \$2.8 million.

Changes in net position. The Hospital's total revenues increased by 9.7 percent to \$13 million. Approximately 72 percent of the Hospital's total revenue comes from net patient services, while 67 percent of net patient service revenue is derived from Medicare and Medicaid patients.

The total cost of all services increased approximately \$165,000 or 1.4 percent from the prior fiscal year.

MANAGEMENT'S DISCUSSION AND ANALYSIS (Continued)

Changes in Hospital's Net Position (in Thousands)

	2013		2012	
Operating revenues-	167	-		
Net patient service	\$	10,225	\$	9,782
Physician UPL supplement grant	Ψ	1,813	Ψ	1,452
Rural coalition		-		298
Other operating		740		339
Nonoperating income-		740		339
Sales tax		1,254		1,272
Millage tax		572		535
		(509)		90
Unrealized gain (loss) on investments		278		306
Other nonoperating Total revenues	7 <u>6</u>		122	The state of the s
Total revenues	7 <u>8</u>	14,373	185	14,074
Expenses				
Salaries		3,760		3,719
Medical and other supplies		1,378		1,255
Contract fees		1,254		1,060
Management fees		1,653		1,998
Provision for bad debts		2,089		1,828
Other operating		1,885		1,994
Total expenses	a	12,019	8	11,854
•	are co	(750) TR	16	- 15
Increase in net position	\$	2,354	\$	2,220

CAPITAL ASSET AND DEBT ADMINISTRATION

Capital Assets

At the end of the fiscal year, the Hospital had \$1.4 million invested in capital assets.

Hospital's Capital Assets (in Thousands)

		2013	()	2012
Land	\$	59	\$	59
Buildings and land improvements		1,999		1,999
Equipment		4,427		4,719
Construction in progress		58		-
Total capital assets		6,543		6,777
Accumulated depreciation	8	5,186	0.55	5,183
Net Capital Assets	\$	1,357	\$	1,594

MANAGEMENT'S DISCUSSION AND ANALYSIS (Continued)

CONTACTING THE HOSPITAL'S FINANCIAL MANAGEMENT

This financial report is designed to provide our citizens, taxpayers, customers, and investors and creditors with a general overview of the Hospital's finances and to demonstrate the Hospital's accountability for the money it receives. If you have any questions regarding this report or need additional information, contact Bryce Quebodeaux, Administrator, at 1310 W. 7th Street, Kaplan, LA 70548, or by telephone at 337-643-8300.

HOSPITAL SERVICE DISTRICT NO. 1

Parish of Vermilion State of Louisiana

Statements of Net Position September 30, 2013 and 2012

ASSETS

	2013	2012
CURRENT ASSETS		
Cash	\$ 6,029,140	\$ 4,703,054
Certificates of deposit	9,934,017	8,384,938
Investment securities, at market	4,073,827	4,543,501
Accounts receivable - patients, net	1,954,333	2,373,583
Sales tax receivable	144,052	192,759
Other receivables	18,414	76,323
Estimated third-party payor settlements	246,038	246,387
Inventory	332,931	317,822
Accrued interest receivable	183,704	83,561
Prepaid expenses	215,944	98,327
Total current assets	_23,132,400	_21,020,255
ASSETS WHOSE USE IS LIMITED BY THE BOARD FOR CAPITAL IMPROVEMENTS		
Cash	1,237,938	808,390
Certificates of deposit	2,413,073	2,412,983
Investment securities, at market	177,097	200,185
	3,828,108	3,421,558
PROPERTY, PLANT, AND EQUIPMENT, net		
Land	58,893	58,893
Construction in progress	58,380	-
Depreciable assets, net accumulated depreciation	1,239,617	1,534,611
Total capital assets, net of accumulated depreciation	1,356,890	1,593,504
TOTAL ASSETS	<u>\$28,317,398</u>	<u>\$26,035,317</u>

LIABILITIES AND NET POSITION

		2013		2012
CURRENT LIABILITIES				
Accounts payable	\$	209,672	\$	306,042
Current portion of obligation under capital lease		=		10,425
Accrued wages		67,560		62,160
Accrued vacation		127,084		118,578
Other payables	型	54,744	2	33,737
Total current liabilities	19	459,060	2	530,942
NET ASSETS				
Invested in capital assets, net of related debt		1,356,890		1,583,079
Unrestricted	_2	6,501,448	_2	3,921,296
Total net position	_2	7,858,338	_2	5,504,375

TOTAL LIABILITIES AND NET POSITION

Statements of Revenues, Expenses, and Changes in Net Position Years Ended September 30, 2013 and 2012

	2013	2012
OPERATING REVENUE		
Net patient service revenue	\$10,225,493	\$ 9,781,848
Other revenue	2,552,666	2,088,911
Total revenue	12,778,159	11,870,759
OPERATING EXPENSES		8 -18 182
Salaries	3,760,055	3,719,406
Employee benefits	135,297	144,595
Equipment rental	66,029	64,962
Medical and other supplies	1,378,062	1,255,020
Contract fees	1,253,915	1,060,123
Dietary expenses	95,881	98,249
Professional fees	51,088	72,103
Management fees	1,652,559	1,997,606
Other fees	61,168	67,777
Insurance	588,630	536,022
Utilities	204,601	196,464
Telephone	78,655	79,676
Other	256,867	220,651
Depreciation	347,038	512,475
Provision for bad debts	2,088,518	1,828,483
Total expenses	12,018,363	11,853,612
1		
Income from operations	759,796	17,147
NONOPERATING INCOME	1,594,167	2,203,005
THORIOTE ENTRY OF THORIOTE		2,203,003
Increase in net position	2,353,963	2,220,152
NET POSITION		
Balance, beginning of year	25,504,375	23,284,223
Datance, beginning of year	23,304,373	
Balance, end of year	<u>\$27,858,338</u>	<u>\$25,504,375</u>

Statements of Cash Flows Years Ended September 30, 2013 and 2012

	2013	2012
CASH FLOWS FROM OPERATING ACTIVITIES Cash received from patients and other third - party payors Cash paid to suppliers of goods and services Cash paid to employees for services	\$11,169,693 (6,075,734) (3,703,800)	\$10,605,256 (5,836,802) (3,706,694)
Net cash provided by operating activities	1,390,159	1,061,760
CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES Millage collections Sales tax receipts Net cash provided by noncapital financing activities	571,640 1,302,212 1,873,852	534,562 1,308,858 1,843,420
CASH FLOWS FROM CAPITAL AND RELATED FINANCING ACTIVITIES Purchases of capital assets Principal paid on capital debt Interest paid on capital debt	(110,425) (10,425) (172)	(126,341) (24,337) (930)
Net cash used by capital and related financing activities	(121,022)	(151,608)
CASH FLOWS FROM INVESTING ACTIVITIES Purchases of certicates of deposit Redemptions of certificates of deposit Purchases of investment securities Sales of investment securities Net increase in assets whose use is limited Interest received on investments Other	(9,567,402) 7,994,770 (402,085) 386,280 (406,549) 106,534 	(10,042,770) 13,045,619 (4,452,844) (82,014) 177,166 131,703
Net cash used by investing activities	_(1,816,903)	_(1,223,140)
NET INCREASE IN CASH AND CASH EQUIVALENTS	1,326,086	1,530,432
CASH AND CASH EQUIVALENTS, beginning of year	4,703,054	3,172,622
CASH AND CASH EQUIVALENTS, end of year	<u>\$_6,029,140</u>	<u>\$_4,703,054</u>

The accompanying notes are an integral part of this statement.

Statements of Cash Flows (Continued) Years Ended September 30, 2013 and 2012

	i.	2013		2012
RECONCILIATION OF REVENUES IN EXCESS OF EXPENSES PROVIDED BY OPERATING ACTIVTIES Income from operations Adjustments to reconcile income from operations	\$	759,796	\$	17,147
to net cash provided by operating activities Depreciation Change in assets and liabilities:		347,038		512,475
Accounts receivable - patients Estimated third-party payor settlements		419,250 349		447,654 174,647
Other receivables Inventory		57,908 (15,109)		(59,320) (16,845)
Prepaid expenses Accounts payable		(117,617) (96,370)		(47,066) 5,171
Other payables and accrued expenses	-	34,914		27,897
Net cash provided by operating activities	<u>\$</u>	1,390,159	<u>\$</u>	<u>1,061,760</u>

Notes to Financial Statements

NOTE 1 PURPOSE AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

The Hospital Service District No. 1 (referred to as the "Hospital") is a component unit of the Vermilion Parish Police Jury, the governing body of the parish and the government body with oversight authority.

Nature of Business

The Hospital provides a variety of healthcare services including: 1) in-patient services such as acute, psychiatric and skilled nursing; 2) out-patient services such as diagnostic and therapeutic ancillaries, emergency room, and physician specialty clinics; and 3) other services.

Basis of Accounting

The Hospital utilizes the proprietary fund method of accounting whereby revenues and expenses are recognized on the accrual method. The Hospital accounting and reporting procedures also conform to the requirements of Louisiana Revised Statute 24:514 and to the guide set forth in the *Louisiana Governmental Audit Guide*, and the *Audit and Accounting Guide – Health Care Organizations*, published by the American Institute of Certified Public Accountants, and standards established by the Governmental Accounting Standards Board (GASB), which is the accepted standard setting body for establishing governmental accounting and financial reporting principles.

Method of Accounting

GASB issued Statement No. 34, Basic Financial Statements and Management's Discussion and Analysis for State and Local Governments, Statement No. 37, Basic Financial Statements and Management's Discussion and Analysis for State and Local Governments Omnibus, and Statement No. 38, Certain Financial Statement Note Disclosures which establish financial reporting standards for state and local governments. These statements establish that the financial statements should consist of management's discussion and analysis (MD&A) to provide an analytical overview of the entity's financial activities, basic financial statements, and required supplementary information (RSI) as required by other GASB statements.

Statement No. 34 established standards for external financial reporting for all state and local governmental entities, which include a statement of net position, a statement of revenue, expenses, and changes in net position; and a direct method statement of cash flows. It requires the classification of net position into three components – invested in capital assets, net of related debt, restricted, and unrestricted. These classifications are defined as follows:

Notes to Financial Statements

NOTE 1 PURPOSE AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

- Invested in capital assets, net of related debt This component of net position
 consists of capital assets, including restricted capital assets, net of accumulated
 depreciation, and reduced by the outstanding balances of any bonds, mortgages,
 notes, or other borrowings that are attributable to the acquisition, construction, or
 improvements of those assets.
- Restricted This component of net position consists of constraints placed on net
 asset use through external constraints imposed by creditors (such as through debt
 covenants), grantors, contributors, or laws or regulations of other governments or
 constraints imposed by law through constitutional provisions or enabling legislation.
 There were no restricted assets for years ended September 30, 2013 and 2012.
- Unrestricted This component of net position consists of net position that do not meet the definition of "restricted" or "invested in capital assets, net of related debt."

Accounting Standards

Pursuant to Governmental Accounting Standards Board (GASB) Statement No. 20, Accounting and Financial Reporting for Proprietary Funds and Other Governmental Entities that use Proprietary Fund Accounting, the Hospital has elected to apply the provisions of all relevant pronouncements of the Financial Accounting Standards Board (FASB) issued after November 30, 1989.

Cash and Cash Equivalents

For purposes of the statement of cash flows, the Hospital considers all highly liquid debt instruments with a maturity of three months or less to be cash equivalents. The caption "cash and cash equivalents" does not include amounts whose use is limited.

Accounts Receivable

The Hospital uses the allowance method to account for uncollectible accounts receivable.

Inventory

Inventory is stated at the lower of cost or market, with cost determined by the first-in, first-out, (FIFO) method.

Income Taxes

The Hospital is a political subdivision and has been ruled exempt from federal and state income taxes; therefore, no provision for income taxes is necessary.

Notes to Financial Statements

NOTE 1 PURPOSE AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Property, Plant, and Equipment

Purchased fixed assets are stated at cost and donated fixed assets are stated at fair market value at the time of donation. Depreciation is computed on the double declining balance method for assets purchased prior to January 1, 1970, and on the straight-line method for assets purchased after January 1, 1970. The estimated useful lives, as recommended by the American Hospital Association, are as follows:

Buildings and Land Improvements 15-50 years Equipment 5-25 years

Net Patient Service Revenue

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments, under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Compensated Absences

The Hospital's policy allows full-time employees to carry forward annual leave beyond the fiscal year end. Full-time employees earn a maximum of 10 to 20 days of annual leave per year based upon the employee's length of service. Accordingly, annual leave has been accrued as a liability in the financial statements at the current pay rate of the employee in effect as of the balance sheet date.

Operating and Nonoperating Revenues

Operating revenues and expenses of the Hospital consist of charges for services and the costs of providing those services, including depreciation. All other revenues and expenses are reported as nonoperating.

Notes to Financial Statements

NOTE 1 PURPOSE AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Change in Accounting Principle

The Hospital adopted GASB Statement No. 63, Financial Reporting of Deferred Outflows of Resources, Deferred Inflows of Resources, and Net Position. GASB Statement No. 63 introduced and defined deferred outflows of resources and deferred inflows of resources as consumption and an acquisition, respectively, of nets assets by the government that is applicable to a future reporting period. It also identifies net position, rather than net assets, as the residual of all elements presented in a statement of net position.

NOTE 2 ASSETS WHOSE USE IS LIMITED

Assets whose use is limited consists of funds designated by the Board of Directors to be used for capital asset acquisitions and improvements.

NOTE 3 CASH AND INTEREST-BEARING DEPOSITS

Under state laws, the Hospital may deposit funds within a fiscal agent bank organized under the laws of the State of Louisiana, the laws of any other state in the Union, or the laws of the United States. The Hospital may invest in certificates and time deposits of state banks organized under Louisiana law and national banks having principal offices in Louisiana. At September 30, 2013, the Hospital has cash and interest-bearing deposits, including certificates of deposit, (book balances) totaling \$19,614,168.

These deposits are stated at cost, which approximates market. Under state laws, the deposits (or the resulting bank balances) must be secured by federal deposit insurance or the pledge of securities owned by the fiscal agent bank. The market value of the pledged securities plus the federal deposit insurance must at all times equal the amount on deposit with the fiscal agent bank. These securities are held in the name of the pledging fiscal agent bank in a holding or custodial bank that is mutually acceptable to both parties. Deposit balances (bank balances) at September 30, 2013, are as follows:

	Kaplan State Bank	Vermilion Bank	Iberia Bank	Edward Jones
Bank balances	<u>\$11,065,950</u>	<u>\$_5,618,744</u>	<u>\$_1,515,000</u>	\$_1,689,000
Federal deposit insurance Pledged securities (category 3) Total	\$ 500,058 <u>8,917,782</u> <u>9,417,840</u>	\$ 500,000 5,746,206 6,246,206	\$ 250,000 1,390,374 1,640,374	\$ 1,689,000 1,689,000
Excess (shortage) of coverage	<u>\$ (1,648,110)</u>	<u>\$ 627,462</u>	<u>\$</u> _125,374	<u>s -</u>

Notes to Financial Statements

NOTE 3 CASH AND INTEREST-BEARING DEPOSITS (Continued)

Pledged securities in Category 3 include uninsured or unregistered investments for which the securities are held by the broker or dealer, or by its trust department or agent, but not in the Hospital's name. Even though the pledged securities are considered uncollateralized (Category 3), Louisiana Revised Statute 39:1229 imposes a statutory requirement on the custodial bank to advertise and sell the pledged securities within 10 days of being notified by the Hospital that the fiscal agent has failed to pay deposited funds upon demand.

NOTE 4 CERTIFICATES OF DEPOSIT

The Hospital held the following certificates of deposit at September 30, 2013:

Comment Assertan	Amount	Interest Rate	Maturity
Current Assets: Iberia Bank	\$ 300,000	0.65%	11/25/13
10011d Bank	865,000	0.75%	04/30/14
	1,165,000	0.7570	0 1/20/11
Vermilion Bank & Trust Co.	\$ 100,000	0.25%	09/21/14
Verminon Bank & Trust Co.	750,000	0.35%	10/26/13
	275,000	0.35%	11/13/13
	600,000	0.35%	11/29/13
	200,000	0.35%	01/22/14
	200,000	0.35%	01/31/14
	200,000	0.25%	03/09/14
	200,000	0.25%	03/20/14
	774,615	0.35%	10/25/13
	3,299,615		
Kaplan State Bank	\$ 1,452,787	0.25%	09/02/14
	750,000	0.35%	10/27/13
	275,000	0.35%	11/15/13
	300,000	0.35%	11/30/13
	400,000	0.35%	02/01/14
	774,615	0.35%	10/25/13
	3,952,402		
Edward Jones	95,000	1.35%	10/31/16
	134,000	0.45%	08/07/14
	75,000	1.30%	11/05/13
	95,000	1.35%	11/05/13
	95,000	1.35%	11/12/13
	95,000	1.35%	11/12/13
	174,000	1.15%	02/04/14
	87,000	1.25%	02/14/14
	75,000	1.05%	05/18/15
	245,000	1.05%	05/11/15
	247,000	2.25%	05/02/19
	100,000	1.20%	06/05/18
	1,517,000		
	\$ 9,934,017		

Notes to Financial Statements

NOTE 4 CERTIFICATES OF DEPOSIT (Continued)

	Amount	Interest Rate	Maturity
Kaplan State Bank	\$\ \ 200,000 \ \ \ \ 200,000	0.55%	10/08/13
Vermilion Bank & Trust Co.	$ \begin{array}{r} 10,286 \\ 400,000 \\ \underline{1,452,787} \\ \underline{1,863,073} \end{array} $	0.25% 0.35% 0.25%	04/25/14 01/23/14 08/18/14
Iberia Bank	350,000	0.75%	04/30/14
	<u>\$ 2,413,073</u>		

NOTE 5 INVESTMENT SECURITIES

Investments are reported at their fair values in the statement of revenues, expenses, and changes in net position. Unrealized gains and losses are included in the change in net position in the statement of revenues, expenses, and changes in net position. Investments consisted of the following as of September 30, 2013:

	2013			
	Cost	Market Value		
Government Bonds Municipal Bonds Total	\$ 2,429,496 1,941,962 <u>\$ 4,371,458</u>	\$ 1,992,630 2,081,197 \$ 4,073,827		
Assets whose use is limited: Government Bonds Municipal Bonds Total	\$ -	\$ - 177,097 \$ 177,097		

Fair Values of Financial Instruments

Effective for the fiscal year ended September 30, 2013, the hospital adopted FASB Accounting Standards Codification Topic 820, "Fair Value Measurements (Topic 820)." Topic 820 requires disclosures that stratify balance sheet amounts measured at fair value based on the inputs used to derive fair value measurements.

These levels are:

• Level 1 - inputs are based upon adjusted quoted prices for identical instruments traded in active markets.

Notes to Financial Statements

NOTE 5 INVESTMENT SECURITIES (Continued)

- Level 2 inputs are based upon quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of assets or liabilities.
- Level 3 inputs are generally unobservable and typically reflect management's
 estimate of assumptions that market participants would use in pricing the asset or
 liability. The fair values are therefore determined using model-based techniques
 that include option pricing models, discounted cash flow models, and similar
 techniques.

Fair Value of Assets Measured on a Recurring Basis

The Hospital's investments in securities with readily determinable fair values are recorded at fair value based on quoted market prices. For those investments, where quoted prices are unavailable, management estimates fair value based on quoted prices for similar instruments with consideration of actively quoted interest rates, credit ratings and spreads, prepayment models, and collateral data. The Hospital relies on the valuation procedures and methodologies of the external managers hired specifically to invest in such securities or in strategies which employ such securities.

The following table presents the fair value at September 30, 2013, for each of the fair value hierarchy levels:

				2013	3					
	Lev	rel 1	I	Level 2	Lev	el 3				
Government/Agency Obligations Municipal Bonds	\$	-		1,992,630 2,258,294	\$	<u>.</u>				
Total	<u>\$</u>		\$ 4	4,250,924	\$					

NOTE 6 ACCOUNTS RECEIVABLE

Accounts receivable are shown net of provision for doubtful accounts of \$603,242 and \$456,247 at September 30, 2013 and 2012, respectively, and contractual allowances of \$371,464 and \$375,809 for 2013 and 2012, respectively.

Notes to Financial Statements

NOTE 7 PROPERTY, PLANT, AND EQUIPMENT

The following is a summary of property, plant, and equipment and related accumulated depreciation for the years ended September 30, 2013 and 2012:

	2013								
	Sej	otember 30, 2012			Del	Deletions		otember 30, 2013	
Land	\$	58,893	\$		\$	-	\$	58,893	
Land improvements		130,141		-		-		130,141	
Construction in progress				58,380				58,380	
Buildings		1,868,739		-		-		1,868,739	
Fixed equipment		1,826,213			2	38,608		1,587,605	
Major moveable equipment		2,805,467		36,798	10	04,119		2,738,146	
Other moveable equipment		87,106	8	15,247	9	1,666	8	100,687	
Total		6,776,559	1	10,425	3	44,393		6,542,591	
Accumulated depreciation	ä	5,183,055		45,116		42,470	8	5,185,701	
Net	\$	1,593,504	<u>\$_(2</u>	34,691)	\$	1,923	\$	1,356,890	
				20	12				
	Se	ptember 30,		Lucrotad der			September 30,		
		2011	Ad	ditions	De	Deletions 2012		2012	
Land	\$	58,893	\$		\$	= :	\$	58,893	
Land improvements		104,436		25,705		-		130,141	
Buildings		1,868,739						1,868,739	
Fixed equipment		1,826,213						1,826,213	
Major moveable equipment		2,758,331	1	00,636		53,500		2,805,467	
Other moveable equipment	_	87,106		-			3	87,106	
Total		6,703,718	1	26,341		53,500		6,776,559	
Accumulated depreciation		4,724,080	5	12,475		53,500	10	5,183,055	
Net	\$	1,979,638	<u>\$_(3</u>	86,134)	\$		\$	1,593,504	

For September 30, 2012, the accumulated depreciation on assets under capital lease was \$75,878. For the fiscal year ended September 30, 2013, the Hospital did not have any assets under capital lease.

NOTE 8 CHANGES IN LONG-TERM DEBT

The Hospital had long-term debt relating to compensated absences and paid off an obligation under a capital lease during the year ended September 30, 2013. The following is a schedule of the changes in long-term debt:

Notes to Financial Statements

NOTE 8 CHANGES IN LONG-TERM DEBT (Continued)

	Balance 9/30/2012		In	creases	_D	ecreases	Balance 9/30/2013	
Obligation under capital lease Accrued annual leave	\$	10,425 118,578	\$	- 8,506	\$	10,425	\$	127,084
Total long-term debt	\$	119,330	\$	8,506	\$	10,425	\$	127,084

NOTE 9 NET PATIENT SERVICE REVENUE

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

Commercial

The Hospital has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Hospital under these agreements includes prospectively determined rates per discharge, discounts from established charges and prospectively determined daily rates.

Medicare

In-patient acute care services rendered to Medicare program beneficiaries are paid at per diem rates. In-patient non-acute services, certain out-patient services, and defined capital and medical education costs related to Medicare beneficiaries are paid based on a cost reimbursement methodology. Psychiatric services (BHU) rendered to Medicare program beneficiaries are paid at prospectively determined rates.

The Hospital is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare fiscal intermediary.

Medicaid

In-patient and outpatient services rendered to Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology. The Hospital is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicaid fiscal intermediary.

The Hospital receives a substantial portion of its revenues from the Medicare and Medicaid programs at discounted rates. During the years ended September 30, 2013 and 2012, the following revenues were obtained from these programs:

Notes to Financial Statements

NOTE 9 NET PATIENT SERVICE REVENUE (Continued)

	2013	2012
Medicare and Medicaid gross patient charges	\$ 9,177,471	\$ 9,661,115
Contractual adjustments	2,806,054	3,239,501
Net Medicare and Medicaid patient service revenue	<u>\$ 6,371,417</u>	<u>\$ 6,421,614</u>
Net patient service revenue	<u>\$10,225,493</u>	\$ 9,781,848
Percent of Medicare and Medicaid net service revenue to net patient service revenue	<u>62%</u>	<u>66%</u>

NOTE 10 JOINT VENTURE AGREEMENT

The Hospital entered into a joint venture agreement with Acadian Homecare, Inc., a Louisiana corporation, for the purpose of managing a branch office in Kaplan, Louisiana to provide out-patient home health services. This agreement provides the Hospital a 33% interest in the profits and losses and/or liabilities that result from the venture, provided however that the Hospital's liability for said losses shall not exceed the sum of its capital contributions and the aggregate distributions received by the Hospital under the joint venture. The joint venture pays the Hospital quarterly for the Hospital's share of profits and pays \$1,000 per month to lease Hospital owned facilities and equipment. Revenue derived by the Hospital from the joint venture totaled \$67,289 and \$56,219 for the years ended September 30, 2013 and 2012, respectively.

NOTE 11 REVENUE RECOGNITION - PROPERTY TAX

The Hospital receives funds from a property tax which was adopted by the voters of Vermilion Parish. The parish tax is levied each year by the Vermilion Parish Tax Assessor on November 15 based upon the assessed value on the previous January 1 of all real and business personal property within the Parish. The assessed value of the property on the tax rolls as of January 1, 2012 was approximately \$75 million.

The tax becomes due on November 15 and is considered delinquent if not paid by December 31. Most of the property tax revenues are collected during the months of December, January, and February. During May of the subsequent year, properties with delinquent taxes are advertised for auction by the Parish Sheriff. The auction is normally scheduled for June or July. It is at this time a lien is placed on the property. Properties not sold at the auction are adjudicated to the State of Louisiana.

After considering tax exemptions, the net amount of property taxes received by the Hospital was \$571,640 and \$534,562 for the years ended September 30, 2013 and 2012, respectively.

Notes to Financial Statements

NOTE 12 SALES TAX REVENUE

A one percent sales tax proposition was approved by voters for a 10-year period effective April 1, 2011. Proceeds of this sales tax are dedicated towards the costs associated with operating, maintaining, and improving the facilities of the Hospital related to providing emergency medical service. Revenue for the years ended September 30, 2013 and 2012 totaled \$1,253,506 and \$1,272,178, respectively.

NOTE 13 PENSION PLAN

The Hospital has a compulsory defined contribution pension plan covering all employees. Employee and employer each contributed four and one half percent of annual pay. Total pension expense for the Hospital for the years ended September 30, 2013 and 2012 was \$128,645 and \$144,595, respectively.

NOTE 14 CONCENTRATION OF CREDIT RISK AND ECONOMIC DEPENDENCE

The Hospital, located in Kaplan, Louisiana, grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements in which payment collection is significantly certain. The Hospital also has an economic dependence on Medicare and Medicaid as sources of payments as shown in the following table. Changes in federal or state legislation or interpretations of rules could have a significant impact on the Hospital's operations. Revenue from patients and third-party payors were as follows:

	2013	2012
Medicare	48%	52%
Medicaid	17%	16%
Insurance	22%	21%
Private pay	13%	11%

NOTE 15 OPERATING LEASES

The Hospital leases equipment under non-cancelable operating leases with terms ranging from three to ten years. The following is a schedule of annual future minimum lease payments as of September 30, 2013:

2014	\$	134,786
2015	8	87,119
	\$	221,905

Rent expense under these leases totaled \$144,105 and \$63,135 for the years ended September 30, 2013 and 2012, respectively.

Notes to Financial Statements

NOTE 16 CONTINGENT LIABILITIES

Various malpractice suits are pending against the Hospital. These suits have been turned over to the Hospital's insurance carrier. The Hospital is fully insured should any loss be incurred, therefore, no liability is shown in these financial statements.

In the normal course of business, there could be various outstanding contingent liabilities such as, but not limited to, the following:

- Lawsuits alleging negligence in care
- Environmental pollution
- Violation of regulatory body's rules and regulations
- Violation of federal and/or state laws

No accrual for potential contingent liabilities, such as, but not limited to, those described above, are reflected in the accompanying financial statements. No such liabilities have been asserted, and, therefore, no estimate of loss, if any, is determinable.

Third Party Cost-Based Revenues - Cost reimbursements are subject to examination by agencies administering the Medicare and Medicaid programs. The Medicare program has discontinued its cost-based reimbursement system for in-patient services. Currently, the Hospital receives a fixed fee for each patient as determined by the government using the patient's diagnosis. The Hospital is contingently liable for retroactive adjustments made by the Medicare and Medicaid programs as the result of their examinations as well as retroactive changes in interpretations applying statutes, regulations, and general instructions of those programs. The amount of such adjustments cannot be readily determined.

ADDITIONAL INFORMATION

Schedules of Net Patient Service Revenue Years Ended September 30, 2013 and 2012

	2013	2012
IN-PATIENT SERVICE REVENUE OUT-PATIENT SERVICE REVENUE	\$ 6,027,133 <u>8,541,789</u> 14,568,922	\$ 6,655,876
DEDUCTIONS FROM PATIENT SERVICE REVENUE Contractual allowances Discounts	3,734,923 608,506 4,343,429	4,134,795 519,685 4,654,480
Net Patient Service Revenue	\$10,225,493	\$ 9,781,848

Schedules of In-Patient Service Revenue Years Ended September 30, 2013 and 2012

	2013		2012	
ROUTINE SERVICES Room and board SPECIAL SERVICES Anesthesiology	\$ 846,681 41,647	\$	913,105 49,981	
Blood administration Electrocardiology Emergency room Intravenous therapy	54,024 16,258 34,962 58,803		56,415 14,253 31,251 39,178	
Laboratory Medical and surgical Nuclear medicine Operating room	231,755 407,239 106,053 60,879		247,055 512,644 99,592 66,496	
Pharmacy Physical therapy Psychiatric Radiology	531,532 47,052 3,118,379 83,391		656,406 32,914 3,494,428 46,753	
Recovery room Respiratory therapy Speech therapy Ultrasound	10,962 282,903 13,453 81,160		18,165 301,990 3,780 71,470	
	\$ 6,027,133	\$	6,655,876	

Schedules of Out-Patient Service Revenue Years Ended September 30, 2013 and 2012

	2013	2012
ROUTINE SERVICES		
Room and board	\$ 24,215	\$ 18,025
SPECIAL SERVICES	*	2
Anesthesiology	119,823	114,367
Blood administration	50,984	70,152
Clinic	539,043	571,280
Dietary Consultant	78	286
Emergency room	1,868,696	1,476,638
F1 4 F 1	100 (70	102.072
Electrocardiology	108,679	103,072
Intravenous therapy	131,814	123,585
Laboratory Medical and surgical	2,346,200	2,173,673
Nuclear medicine	538,641 1,157,564	499,107
Nuclear medicine	1,137,304	1,029,229
Operating room	199,490	173,177
Pharmacy	308,908	317,750
Physical Therapy	7,943	10,745
Radiology	636,890	621,569
Recovery room	103,467	98,532
Respiratory therapy	87,027	79,457
Speech therapy	OR SOLE SUPERS	315
Ultrasound	312,327	299,493
	\$ 8,541,789	<u>\$_7,780,452</u>

Schedules of Other Revenue Years Ended September 30, 2013 and 2012

	2013	2012
Cafeteria sales	\$ 81,780	\$ 86,116
Recovery of bad debt	93,414	120,184
Medicare TOPS/Incentive	466,391	392
Physican UPL supplemental grant	1,813,427	1,451,886
Rural coalition income	:=	297,538
Joint venture income	67,289	56,219
Other income	30,365	76,576
	<u>\$ 2,552,666</u>	\$ 2,088,911

Schedules of Professional Expenses Years Ended September 30, 2013 and 2012

		2013		2012				
		Professional fees, Supplies and			Professional fees, Supplies and			
	Salaries	Direct Expenses	Total	Salaries	Direct Expenses	Total		
Anesthesia	\$ -	\$ 245,574	\$ 245,574	\$ -	\$ 248,012	\$ 248,012		
Blood bank	≃8	43,285	43,285	=	54,564	54,564		
Electrocardiology		2,129	2,129	-	9,094	9,094		
Emergency room	645,399	444,694	1,090,093	633,987	423,234	1,057,221		
Ambulance	<u>~</u> #	18,000	18,000		15,600	15,600		
Home health	<u>~</u> 00	3,871	3,871	12	2,541	2,541		
Intravenous therapy	30	7,375	7,375	W	6,176	6,176		
Laboratory	281,713	520,116	801,829	276,180	458,966	735,146		
Medical and surgical	37,090	175,641	212,731	40,965	168,836	209,801		
Medical records	118,282	63,602	181,884	111,194	67,410	178,604		
Medical staff	30 (50)	14,960	14,960		10,387	10,387		
Nuclear medicine		267,364	267,364		226,134	226,134		
Nursing service	857,683	52,288	909,971	853,399	45,900	899,299		
Operating room	195,944	28,798	224,742	202,946	26,877	229,823		
Pharmacy	8,367	328,523	336,890	3,801	377,593	381,394		
Physical therapy	 	18,543	18,543	-	18,676	18,676		
Primary care clinic	241,783	112,977	354,760	259,619	120,901	380,520		
Psychiatric	The section of the se	1,135,832	1,135,832	estation account and the state of	1,505,517	1,505,517		
Radiology	242,504	120,480	362,984	231,609	71,378	302,987		
Respiratory therapy	137,216	50,105	187,321	126,204	54,873	181,077		
Speech therapy	**************************************	1,381	1,381	100 (Control of the Control of the C	672	672		
	\$ 2.765.981	\$ 3,655,538	\$ 6421519	\$ 2 739 904	\$ 3,913,341	\$ 6.653.245		

Schedules of General and Administrative Expenses Years Ended September 30, 2013 and 2012

	2013			2012		
	Professional fees, Supplies and			Professional fees, Supplies and		
	Salaries	Direct Expenses	Total	Salaries	Direct Expenses	Total
Administrative	\$ 173,103	\$ 206,741	\$ 379,844	\$ 163,193	\$ 135,347	\$ 298,540
Administrative - fiscal	60,524	55,060	115,584	56,791	60,495	117,286
Administrative - other	120	97,959	97,959	-	54,293	54,293
Business office	219,610	38,528	258,138	211,685	41,155	252,840
Credit and collections	<u>\$</u>	22,856	22,856	1 <u>2</u> 2	23,747	23,747
Data processing	57,418	162,691	220,109	53,277	124,481	177,758
Dietary	160,166	171,886	332,052	162,009	171,524	333,533
Dues and subscriptions	3	48,141	48,141	_	53,294	53,294
Employee benefits	-	651,489	651,489	-	616,423	616,423
Housekeeping	162,813	44,487	207,300	154,152	45,878	200,030
Insurance	-	152,174	152,174	_	145,832	145,832
Laundry	-	41,199	41,199		38,450	38,450
Linen	_	6,564	6,564	1 .	8,317	8,317
Personnel	-	4,423	4,423		3,791	3,791
Plant operations	80,991	355,728	436,719	108,589	260,670	369,259
Printing and duplicating Supplies, processing and	= 3	32,255	32,255	(-	25,952	25,952
distribution	79,449	6,505	85,954	69,805	3,491	73,296
Telephone and communications	·	68,528	68,528		66,768	66,768
	\$_994,074	<u>\$ 2,167,214</u>	\$ 3,161,288	\$_979,501	<u>\$ 1,879,908</u>	\$ 2,859,409

Schedules of Nonoperating Income Years Ended September 30, 2013 and 2012

	201	3	2012	
Interest	\$ 206	5,677 \$	174,835	
Millage income	571	1,640	534,562	
Miscellaneous	52	2,750	112,759	
Rent	18	8,627	17,833	
Sales tax income	1,253	3,506	1,272,178	
Unrealized gain (loss) on investments	(509	9,033)	90,838	
	<u>\$ 1,594</u>	<u>4,167</u> <u>\$</u>	2,203,005	

Schedule of Commissioners, Meetings Attended and Compensation Year Ended September 30, 2013

Name of Commissioner	Meetings Attended	Compensation	
Ronald Menard	12	\$	1,200
Del Dean David	12		1,200
Ivan Bourque	4		400
Winnie Broussard	10		1,000
John Francis	12		1,200
Mona Hebert	12		1,200
Paul D. Marceaux	12		1,200

INTERNAL CONTROL AND COMPLIANCE

E. Larry Sikes, CPA/PFS, CVA, CFP® Danny P. Frederick, CPA Clayton E. Darnall, CPA, CVA Eugene H. Darnall, III, CPA Stephanie M. Higginbotham, CPA John P. Armato, CPA/PFS J. Stephen Gardes, CPA, CVA Jennifer S. Ziegler, CPA/PFS, CFP® Chris A. Miller, CPA, CVA Steven G. Moosa, CPA M. Rebecca Gardes, CPA Joan B. Moody, CPA Lauren V Hebert CPA/PFS Erich G. Loewer, III, CPA, M.S. Tax Stephen R. Dischler, MBA, CPA Pamela Mayeux Bonin, CPA, CVA Craig C. Babineaux, CPA/PFS, CFP®

Jeremy C. Meaux, CPA Chad M. Bailey, CPA

Adam J. Curry, CPA, CFP® Kyle P. Saltzman, CPA Blaine M. Crochet, CPA, M.S

Kathleen T. Darnall, CPA Kevin S. Young, CPA Christy S. Dew. CPA, MPA Rachel W. Ashford, CPA

> Brandon L. Porter, CPA Christine H. Ford, CPA

Barry J. Dufrene, CPA Tanya S. Nowlin, Ph.D., CPA

Seth C. Norris, CPA Ryan Earles, CPA Jenifer Zaunbrecher, CPA Robert C. Darnall, CPA, M.S. Elizabeth H. Olinde, CPA

Nicole B. Bruchez, CPA, MBA Brandon R. Dunphy, CPA

Veronica L. LeBleu, CPA, MBA Christine Guidry Berwick CPA, MBA



INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED

The Board of Commissioners Hospital Service District No. 1 Parish of Vermilion, State of Louisiana Kaplan, Louisiana

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards issued by the Comptroller General of the United States, the financial statements of Hospital Service District No. 1, Parish of Vermilion, State of Louisiana, Abrom Kaplan Memorial Hospital, a component unit of the Vermilion Parish Police Jury, as of and for the years ended September 30, 2013 and 2012, and the related notes to the financial statements, which collectively comprise the Hospital's basic financial statements and have issued our report thereon dated February 14, 2014.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Hospital's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control. Accordingly, we do not express an opinion on the effectiveness of the Hospital's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

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Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Hospital's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed one instance of noncompliance or other matters that are required to be reported under *Government Auditing Standards* and which is described in the accompanying schedule of findings and questioned costs as item 2013-001.

The Hospital's Response to Findings

The Hospital's response to the findings identified in our audit is described in the accompanying schedule of findings and questioned costs. The Hospital's response was not subjected to the auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on it.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose. However, under Louisiana Revised Statute 24:513, this report is distributed by the Legislative Auditor as a public document.

Darnall, Sikes, Gardes & Frederick

A Corporation of Certified Public Accountants

Eunice, Louisiana February 14, 2014

Schedule of Prior Year Findings Year Ended September 30, 2013

This section is not applicable.

Schedule of Findings and Questioned Costs Year Ended September 30, 2013

Section I Summary of Auditor's Results

FINANCIAL STATEMENTS

Auditor's Report

An unqualified opinion has been issued on the Hospital's financial statements as of and for the year ended September 30, 2013.

Significant Deficiencies - Financial Reporting

There were no significant deficiencies in internal control noted during the audit of the financial statements.

Material Noncompliance - Financial reporting

There were no instances of noncompliance material to the financial statements disclosed during the audit of the financial statements.

FEDERAL AWARDS

This section is not applicable.

Management Letter

This section is not applicable.

Section II Findings Relating to an Audit in Accordance with Government Auditing Standards

This section is not applicable.

Section III Findings and Questioned Costs Relating to Federal Programs

2013-001 Uncollateralized Bank Deposits

Finding:

Regarding security for deposits Louisiana Revised Statute 39:1225 requires "the amount of the security shall at all times be equal to one hundred percent of the amount of collected funds on deposit to the credit of each depositing authority except that portion of the deposits insured by any governmental agency insuring bank deposits, which is organized under the laws of the United States". At September 30, 2013the Hospital had uninsured and uncollateralized deposits in the amount of \$1,648,110.

Schedule of Findings and Questioned Costs (Continued) Year Ended September 30, 2013

Section III Findings and Questioned Costs Relating to Federal Programs (Continued)

2013-001 Uncollateralized Bank Deposits (Continued)

Cause:

The timing of reports provided by the bank did not allow enough time for the Hospital to arrange a sufficient amount of collateral to be pledged against deposits.

Effect:

Failure to have securities pledged for amount in excess of FDIC insurance coverage places the Hospital in violation of LSA-RS 39:1217.1 and subjects the deposits to risk of loss upon financial failure of the institution.

Recommendation:

We recommend the Hospital implement procedures to ensure all funds on deposit at financial institutions in excess of amounts insured by FDIC coverage are protected from loss by pledged securities in accordance Louisiana State Law.

Status:

This finding has been resolved.

Management Corrective Action Plan Year Ended September 30, 2013

2013-001 Uncollateralized Bank Deposits

Subsequent to year end, the amount of the Hospital's securities pledged was increased to account for the drop in market value of existing pledged securities.